

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.B.	1000000000	9/15/00
O.I.P.E. CLASSIFIER		48	9/15/00
FORMALITY REVIEW	JK	B35	10/18/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 u Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	9/15/00
2	✓	✓	9/15/00
3	✓	✓	9/15/00
4	✓	✓	9/15/00
5	✓	✓	9/15/00
6	✓	✓	9/15/00
7	✓	✓	9/15/00
8	✓	✓	9/15/00
9	✓	✓	9/15/00
10	✓	✓	9/15/00
11	✓	✓	9/15/00
12	✓	✓	9/15/00
13	✓	✓	9/15/00
14	✓	✓	9/15/00
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31	✓	✓	9/15/00
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42	✓	✓	9/15/00
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44	✓	✓	9/15/00
45	✓	✓	9/15/00
46	✓	✓	9/15/00
47	✓	✓	9/15/00
48	✓	✓	9/15/00
49	✓	✓	9/15/00
50	✓	✓	9/15/00

Claim	Final	Original	Date
51	✓	✓	9/15/00
52	✓	✓	9/15/00
53	✓	✓	9/15/00
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77	✓	✓	9/15/00
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82	✓	✓	9/15/00
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97	✓	✓	9/15/00
98	✓	✓	9/15/00
99	✓	✓	9/15/00
100	✓	✓	9/15/00

Claim	Final	Original	Date
101	✓	✓	9/15/00
102	✓	✓	9/15/00
103	✓	✓	9/15/00
104	✓	✓	9/15/00
105	✓	✓	9/15/00
106	✓	✓	9/15/00
107	✓	✓	9/15/00
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110	✓	✓	9/15/00
111	✓	✓	9/15/00
112	✓	✓	9/15/00
113	✓	✓	9/15/00
114	✓	✓	9/15/00
115	✓	✓	9/15/00
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117	✓	✓	9/15/00
118	✓	✓	9/15/00
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145	✓	✓	9/15/00
146	✓	✓	9/15/00
147	✓	✓	9/15/00
148	✓	✓	9/15/00
149	✓	✓	9/15/00
150	✓	✓	9/15/00

If more than 150 claims or 10 actions
 staple additional sheet here

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